

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2010

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
UNITED WAY OF FORSYTH COUNTY, INC.
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P. O. BOX 1350
 City or town, state or country, and ZIP + 4
CUMMING, GA 30028-1350

D Employer identification number
58-1925396

E Telephone number
770-781-4110

F Name and address of principal officer: **RUTH M. GOODE**
SAME AS C ABOVE

G Gross receipts \$ **1,729,267.**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.UNITEDWAYFORSYTH.COM**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1990** **M** State of legal domicile: **GA**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE IS TO ENRICH LIVES IN FORSYTH & DAWSON COUNTIES BY		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	23
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	5
	6	Total number of volunteers (estimate if necessary)	6	40
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 1,491,495.	Current Year 1,628,674.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	45,366.	25,027.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	30,653.	3,800.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,567,514.	1,657,501.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,281,232.	1,184,824.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	220,524.	207,866.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 138,268.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	228,067.	162,654.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,729,823.	1,555,344.
	19	Revenue less expenses. Subtract line 18 from line 12	<162,309.>	102,157.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 2,963,029.	End of Year 3,050,891.
	21	Total liabilities (Part X, line 26)	287,100.	272,805.
	22	Net assets or fund balances. Subtract line 21 from line 20	2,675,929.	2,778,086.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: **RUTH M. GOODE, EXECUTIVE DIRECTOR** Date: _____
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **WILLA P. BROWNLEE** Preparer's signature: _____ Date: _____ Check if self-employed: PTIN: _____
 Firm's name: **CARR, RIGGS & INGRAM, LLC** Firm's EIN: _____
 Firm's address: **4360 CHAMBLEE DUNWOODY RD., SUITE 420 ATLANTA, GA 30341** Phone no. **770-457-6606**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	
Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization UNITED WAY OF FORSYTH COUNTY, INC.	Employer identification number 58-1925396
	Number, street, and room or suite no. If a P.O. box, see instructions. P. O. BOX 1350	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CUMMING, GA 30028-1350	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	-01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

RUTH GOODE

- The books are in the care of **P. O. BOX 1350 - CUMMING, GA 30028**
Telephone No. **770-781-4110** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2011**.
- 5 For calendar year **2010**, or other tax year beginning _____, and ending _____.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension

ADDITIONAL TIME IS REQUESTED TO RECEIVE MISSING INFORMATION WHICH IS NECESSARY FOR THE PREPARATION OF A COMPLETE AND ACCURATE FORM 990.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
8c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature *William P. Brownlee* Title **CPA**

Date **8/11/11**

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ▶
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ▶

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization UNITED WAY OF FORSYTH COUNTY, INC.	Employer identification number 58-1925396
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. P. O. BOX 1350	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CUMMING, GA 30028	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

RUTH GOODE

- The books are in the care of ▶ **P. O. BOX 1350 - CUMMING, GA 30028**
 Telephone No. ▶ **770-781-4110** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2010** or
 ▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Paperwork Reduction Act Notice, see Instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

THE MISSION OF UNITED WAY OF FORSYTH COUNTY IS TO IMPROVE LIVES IN FORSYTH AND DAWSON COUNTIES BY MOBILIZING THE CARING POWER AND SPIRIT OF OUR CITIZENS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,300,500. including grants of \$ 1,184,824.) (Revenue \$)

STATEMENT ATTACHED

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,300,500.

Part III - Statement of Program Service Accomplishments

a)	<p>The Place of Forsyth County The Place is a local social service agency that works compassionately with people to creatively and resourcefully meet their needs. The Place provides many innovative programs that meet a variety of needs, including extreme emergency and medical assistance, thrift store and food pantry, elderly assistance, youth enrichment and Hispanic outreach. Ensures basic needs are met for the indigent. 7,866 clients were served in 2010 (Grants and allocations \$142,500)</p>	156,413
b)	<p>Georgia Highlands Medical Services Provides comprehensive primary health care to residents of the community. Other services include obstetrics care, mammography, or prostate si (Grants and allocations ability to pay. They ensure health services are available to all residents. This also includes a pharmacy program that is stocked with samples to provide medication to patients unable to purchase it at cost. 8,125 Forsyth residents were served in 2010. (Grants and allocations \$120,000)</p>	131,716
c)	<p>Northeast Georgia Boy Scouts of America/Northeast Georgia Girl Scout Council As a result of activities associated with the Boy Scouts, youth learn citizenship, fitness and leadership values that enable them to make ethical choices over their lifetimes. Girl Scouting is committed to helping all girls from every background to develop confidence, determination, and skills needed to thrive in today's world. 6,421 boys and girls were served in Forsyth and Dawson Counties in 2010. (Grants and allocations \$102,315)</p>	112,304
d)	<p>Certified Literate Community Program Provides adult continuing education opportunities to the residents of Forsyth County. Will help residents obtain their GED as well as provide learning for ELL. Served 1,201 Forsyth residents in 2010. (Grants and allocations \$74,500)</p>	81,774
e)	<p>Forsyth County Family Haven Serves victims of domestic violence by providing temporary shelter and support services to abused men, women and children. Also provides support groups, counseling, a 24-hour hotline, and prevention education. Promotes self-sufficient families and ensures safety in crisis. Served 555 Forsyth County residents in 2010. (Grants and allocations \$73,750)</p>	80,950
f)	<p>Court Appointed Special Advocates Provides highly trained and supervised volunteers who advocate on behalf of the best interest of abused and neglected children involved in court deprivation proceedings. Fosters positive youth development. 179 Forsyth County residents and 95 Dawson County residents were served in 2010. (Grants and allocations \$62,150)</p>	68,218
g)	<p>Challenged Child & Friends Provides therapeutic, educational, health, and family support services for pre-schoolers with special needs and their typical peers. Promotes positive youth development for children with special needs. Served 21 Forsyth County residents and 11 Dawson County residents in 2010. (Grants and allocations \$53,838)</p>	59,094
h)	<p>Mentor Me North Georgia Provides successful mentoring relationships for all children who need and want them. Provides tutoring and other supportive activities as well. In 2010, they served 313 children & youth. (Grants and allocations \$53,000)</p>	58,174
i)	<p>Jesse's House Provides emergency shelter for at-risk female youth ages 7-17, meeting their physical, mental and emotional needs. Provides supportive services such as clothing, tutoring, and life skills as part of the program. In 2010, they served 23 youth from Forsyth County. (Grants and allocations \$48,000)</p>	52,686

j)	Children's Center for Hope & Healing Provides family treatment for child victims of sexual abuse, as well as prevention education. Also provides services for adult women who have suffered from abuse as a child. In 2010, they served 271 clients in Forsyth County and 55 clients in Dawson County. (Grants and allocations	48,529 \$44,213)
k)	Northeast Georgia Chapter, American Red Cross Provides disaster relief, CPR & first aid training, blood services, aid to military families, and health & safety education. Ensures crisis/emergency help when needed. 344 Forsyth County residents and 20 Dawson County residents were served in 2010. (Grants and allocations	42,048 \$38,308)
l)	Other Forsyth & Dawson County Agencies See schedule - Part II, Line 22 (Grants and allocations	408,594 \$372,250)
		<hr/> \$1,184,824
		<hr/> \$1,300,500

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	X	
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		
Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a-14b regarding Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 990, Form 1041, and Form 720.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

X

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (23); 1b Enter the number of voting members included in line 1a, above, who are independent (14); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Does the organization have members or stockholders? (X); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (X); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? (X); 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990. (X); 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Are officers, directors or trustees; and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (X); 13 Does the organization have a written whistleblower policy? (X); 14 Does the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed GA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
[X] Own website [X] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
RUTH GOODE - 770-781-4110
P. O. BOX 1350, CUMMING, GA 30028

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
 - List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
GEORGE ARGUELLES	1.00	X					0.	0.	0.	
LISA BENNETT	1.00	X					0.	0.	0.	
CRIS BURGUM	1.00	X					0.	0.	0.	
LINDA COLE	1.00	X					0.	0.	0.	
MARY JANE DERDERIAN	1.00	X					0.	0.	0.	
BERT DURAND	1.00	X					0.	0.	0.	
SANDY HAMILTON	1.00	X					0.	0.	0.	
KATHY JOLLY PAST PRESIDENT	1.00	X					0.	0.	0.	
SHELLEY JOHNSON	1.00	X					0.	0.	0.	
JASON LILLIS	1.00	X					0.	0.	0.	
LAUREN MCDONALD	1.00	X					0.	0.	0.	
EVAN PROFETA	1.00	X					0.	0.	0.	
TAYLOR RICE	1.00	X					0.	0.	0.	
TAMMY RODRIGUEZ	1.00	X					0.	0.	0.	
DEBBIE RONDEM	1.00	X					0.	0.	0.	
MICHELE SANSENBACH	1.00	X					0.	0.	0.	
TAMMY SLAUGHTER	1.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RUTH M. GOODE EXECUTIVE DIRECTOR	40.00			X				61,825.	0.	0.
ROBERT FUNK VP, COMMUNITY INVESTMENT	5.00			X				0.	0.	0.
LUKE HAYMOND TREASURER	5.00			X				0.	0.	0.
LINDA LANG VP, COMMUNITY INVESTMENT	5.00			X				0.	0.	0.
LAURA MCCLURE VP, COMMUNITY IMPACT	5.00			X				0.	0.	0.
PENNY PENN PRESIDENT, ELECT	5.00			X				0.	0.	0.
SKIP PUTNAM PRESIDENT	10.00			X				0.	0.	0.
1b Sub-total								61,825.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								61,825.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a 1,560,475.					
	b Membership dues	1b					
	c Fundraising events	1c 11,250.					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 56,949.					
	g Noncash contributions included in lines 1a-1f: \$	49,692.					
	h Total. Add lines 1a-1f		1,628,674.				
Program Service Revenue	Business Code						
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		25,027.			25,027.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ 11,250. of contributions reported on line 1c). See Part IV, line 18	a 75,566.					
		b Less: direct expenses	b 71,766.				
		c Net income or (loss) from fundraising events		3,800.			3,800.
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a							
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			1,657,501.	0.	0.	28,827.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,184,824.	1,184,824.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	61,825.	30,912.	15,457.	15,456.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	127,007.	63,504.	31,751.	31,752.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	19,034.	9,517.	4,759.	4,758.
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	14,088.		14,088.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	62,106.			62,106.
12 Advertising and promotion	6,572.		4,929.	1,643.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	19,056.		9,528.	9,528.
17 Travel	1,294.		1,294.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,121.		3,121.	
20 Interest				
21 Payments to affiliates	14,584.		14,584.	
22 Depreciation, depletion, and amortization	2,367.		1,184.	1,183.
23 Insurance	4,413.		4,413.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a OTHER PROGRAM SERVICES	11,743.	11,743.		
b PRINTING & PUBLICATIONS	6,022.			6,022.
c UTILITIES & TELEPHONE	5,548.		2,774.	2,774.
d POSTAGE	4,062.		1,016.	3,046.
e BANK CHARGES	3,184.		3,184.	
f All other expenses	4,494.		4,494.	
25 Total functional expenses. Add lines 1 through 24f	1,555,344.	1,300,500.	116,576.	138,268.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet		(A) Beginning of year	(B) End of year
Assets	1 Cash - non-interest-bearing	1,578,424.	1,595,248.
	2 Savings and temporary cash investments	1,381,368.	1,446,411.
	3 Pledges and grants receivable, net		
	4 Accounts receivable, net		
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		
	7 Notes and loans receivable, net		
	8 Inventories for sale or use		79.
	9 Prepaid expenses and deferred charges		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 37,460.	
	b Less: accumulated depreciation	10b 28,307.	3,237.
	11 Investments - publicly traded securities		
	12 Investments - other securities. See Part IV, line 11		
	13 Investments - program-related. See Part IV, line 11		
	14 Intangible assets		
	15 Other assets. See Part IV, line 11		
16 Total assets. Add lines 1 through 15 (must equal line 34)		2,963,029.	
Liabilities	17 Accounts payable and accrued expenses	32.	28.
	18 Grants payable		
	19 Deferred revenue		
	20 Tax-exempt bond liabilities		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		
	23 Secured mortgages and notes payable to unrelated third parties		
	24 Unsecured notes and loans payable to unrelated third parties	287,068.	272,777.
	25 Other liabilities. Complete Part X of Schedule D	287,100.	272,805.
	26 Total liabilities. Add lines 17 through 25		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	1,209,019.	1,069,601.
	28 Temporarily restricted net assets	1,466,910.	1,708,485.
	29 Permanently restricted net assets		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds		
	31 Paid-in or capital surplus, or land, building, or equipment fund		
	32 Retained earnings, endowment, accumulated income, or other funds	2,675,929.	2,778,086.
33 Total net assets or fund balances	2,963,029.	3,050,891.	
34 Total liabilities and net assets/fund balances			

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,657,501.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,555,344.
3	Revenue less expenses. Subtract line 2 from line 1	3	102,157.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,675,929.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,778,086.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

UNITED WAY OF FORSYTH COUNTY, INC.

Employer identification number

58-1925396

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2283709.	1751153.	1609214.	1350020.	1318900.	8312996.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	2283709.	1751153.	1609214.	1350020.	1318900.	8312996.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1031809.
6 Public support. Subtract line 5 from line 4						7281187.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	2283709.	1751153.	1609214.	1350020.	1318900.	8312996.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	29,266.	58,142.	65,141.	45,366.	25,027.	222,942.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	26,827.	17,663.	31,528.	78,812.	143,765.	298,595.
11 Total support. Add lines 7 through 10						8834533.
12 Gross receipts from related activities, etc. (see instructions)				12		
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	82.42 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	87.90 %
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.); 13 Total support (Add lines 9, 10c, 11, and 12).

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2009 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2009 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

19b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A Identification of Excess Contributions Included on Part II, Line 5 2010

** Do Not File **
*** Not Open to Public Inspection ***

Table with 3 columns: Contributor's Name, Total Contributions, Excess Contributions. Rows include PUBLIX SUPERMARKETS, UPS FOUNDATION, ESTATE OF A. HARRISON, L. LEE DAILEY, EXECUTOR, and a total row at the bottom showing 1,031,809.

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2010

Open to Public Inspection

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF FORSYTH COUNTY, INC.

Employer identification number
58-1925396

Part I. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II. Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
 - If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		37,460.	28,307.	9,153.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				9,153.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other, and sub-rows (A) through (I).

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Rows numbered (1) through (10).

Part IX Other Assets. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows numbered (1) through (10).

Part X Other Liabilities. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Amount. Row 1 includes (1) Federal income taxes and (2) ALLOCATIONS PAYABLE with amount 272,777.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) 272,777.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1,657,501.
2	Total expenses (Form 990, Part IX, column (A), line 25)	1,555,344.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	102,157.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV.)	
9	Total adjustments (net). Add lines 4 through 8	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	102,157.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1,729,267.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV.)	2d 71,766.
e	Add lines 2a through 2d	2e 71,766.
3	Subtract line 2e from line 1	3 1,657,501.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c 0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 1,657,501.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1,627,109.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV.)	2d 71,765.
e	Add lines 2a through 2d	2e 71,765.
3	Subtract line 2e from line 1	3 1,555,344.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c 0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 1,555,344.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: MANAGEMENT DOES NOT BELIEVE THAT THE ORGANIZATION HAS ANY MATERIAL UNCERTAIN TAX POSITIONS AT DECEMBER 31, 2010; HOWEVER, THE ORGANIZATION'S FEDERAL AND STATE INCOME TAX RETURNS FOR THE YEARS ENDED DECEMBER 31, 2009, 2008 AND 2007 ARE STILL SUBJECT TO EXAMINATION BY RELEVANT TAXING AUTHORITIES.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS-DIRECT EXPENSES 71,766.

Part XIV Supplemental Information (continued)

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS-DIRECT EXPENSES 71,766.

ROUNDING -1.

TOTAL TO SCHEDULE D, PART XIII, LINE 2D 71,765.

Multiple horizontal lines for supplemental information.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open To Public
Inspection

Name of the organization

UNITED WAY OF FORSYTH COUNTY, INC.

Employer identification number

58-1925396

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations e Solicitation of non-government grants
b Internet and email solicitations f Solicitation of government grants
c Phone solicitations g Special fundraising events
d In-person solicitations

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		NORMAN'S LANDING GOLF (event type)	UPS GOLF TOURNAMENT (event type)	3 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	0.	22,959.	63,857.	86,816.
	2	Less: Charitable contributions	0.	0.	11,250.	11,250.
	3	Gross income (line 1 minus line 2)		22,959.	52,607.	75,566.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	421.	2,443.	68,902.	71,766.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(71,766)
	11	Net income summary. Combine line 3, column (d), and line 10				3,800.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			()
	8	Net gaming income summary. Combine line 1, column d, and line 7			

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

UNITED WAY OF FORSYTH COUNTY, INC.

Employer identification number
58-1925396

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCHEDULE ATTACHED			1,184,824.	0.			

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2010)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: AS FUNDS ARE AVAILABLE, THE BOARD OF DIRECTORS OF UNITED WAY OF FORSYTH COUNTY WILL MAKE FUNDS ACCESSIBLE THROUGH COMMUNITY GRANTS FOR COMMUNITY PROJECTS WHICH ARE CONSISTENT WITH UNITED WAY'S FUNDING EMPHASIS. THE PURPOSE OF FUNDS ARE TO PROVIDE FOR NEW PROJECTS OR EXPANSION OF ONGOING PROJECTS WHICH ARE DESIGNED TO ASSIST THE ELDERLY, PROMOTE SELF-SUFFICIENCY, HELP MEET BASIC NEEDS, SUPPORT HEALTH SERVICES, PROVIDE CRISIS AND EMERGENCY SERVICES OR HELP CHILDREN AND YOUTH DEVELOP INTO PRODUCTIVE ADULTS. THE COMMUNITY GRANTS COMMITTEE, MADE UP OF COMMUNITY VOLUNTEERS, WILL REVIEW THE APPLICATIONS. SOME APPLICANTS MAY BE

Part IV Supplemental Information

ASKED TO MAKE A PRESENTATION BEFORE MEMBERS OF THE COMMITTEE OR MEMBERS OF THE COMMITTEE MAY WANT TO VISIT THE PROGRAM. RECOMMENDATIONS FOR FUNDING WILL THEN BE MADE TO THE UNITED WAY BOARD OF DIRECTORS. GRANTS AWARDS ARE ANNOUNCED ONCE THE CURRENT APPLICATION AND REVIEW PROCESSES ARE COMPLETE. A DISBURSEMENT SCHEDULE WILL BE DEVELOPED JOINTLY BY THE UNITED WAY AND GRANTEE. GENERALLY, FUNDS ARE PROVIDED ON A REIMBURSEMENT BASIS. THE ORGANIZATION MAINTAINS A LIST OF GRANT RECIPIENTS FOR THEIR RECORDS. ADDITIONALLY, A LIST OF THE GRANT RECIPIENTS FOR THE CURRENT YEAR IS MADE AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE.

Schedule L (Form 990 or 990-EZ) 2010

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
TAYLOR RICE	BOARD MEMBER	0.	SEE PART V		X

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: TAYLOR RICE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ (D) DESCRIPTION O

(D) DESCRIPTION OF TRANSACTION: SEE PART V - PART OWNER OF THE OFFICE SPACE THAT THE ORGANIZATION HAS LEASED SINCE 2007. HE BECAME A BOARD MEMBER IN 2010.

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

Name of the organization: **UNITED WAY OF FORSYTH COUNTY, INC.**
Employer identification number: **58-1925396**

Part I: Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>BILLBOARD USE</u>)	X	1	42,000.	FAIR MARKET VALUE
26 Other ▶ (<u>FURNITURE AND</u>)	X	1	7,692.	COMPARABLE SALES
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2010)

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

Name of the organization

UNITED WAY OF FORSYTH COUNTY, INC.

Employer identification number
58-1925396

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MOBILIZING THE CARING POWER & SPIRIT OF OUR CITIZENS.

FORM 990, PART VI, SECTION B, LINE 11: AN AUDIT COMMITTEE IS ESTABLISHED EACH YEAR. THE AUDIT COMMITTEE MEMBERS ARE RESPONSIBLE FOR REVIEWING A DRAFT OF THE AUDIT REPORT BEFORE IT IS FINALIZED. TYPICALLY THERE IS A CONFERENCE CALL WITH THE AUDITING FIRM BEFORE FINALIZING THE AUDIT. THE BOARD MEMBERS ALL RECEIVE A COPY OF THE AUDIT REPORT AS WELL AS THE 990 UPON COMPLETION.

FORM 990, PART VI, SECTION B, LINE 12C: ALL BOARD MEMBERS ARE REQUIRED TO READ THE CODE OF ETHICS/CONFLICT OF INTEREST POLICY ANNUALLY. A SIGNED VERIFICATION FROM ALL BOARD MEMBERS IS REQUIRED AND KEPT ON FILE IN THE OFFICE.

FORM 990, PART VI, SECTION B, LINE 15: EXECUTIVE COMMITTEE MEMBERS DETERMINE COMPENSATION FOR THE EXECUTIVE DIRECTOR. OTHER OFFICERS' OR KEY EMPLOYEES' COMPENSATION IS DETERMINED BY THE EXECUTIVE COMMITTEE BY USING VARIOUS MEANS OF COMPARISON AND INDEPENDENT INFORMATION INCLUDING UNITED WAY SURVEYS.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE FINANCIAL STATEMENTS ALSO APPEAR IN THE ANNUAL REPORT.

Name of the organization

UNITED WAY OF FORSYTH COUNTY, INC.

Employer identification number

58-1925396

PART XII, LINE 2C

THE ORGANIZATION'S PROCESS FOR OVERSIGHT OF THE AUDIT HAS NOT CHANGED FOR 2010.

United Way of Forsyth County, Inc.
 Grants and Allocations/Programs - 2010

The Place of Forsyth County	142500.00
Georgia Highlands	120000.00
CLCP	74500.00
Family Haven	73750.00
NE Georgia, Boy Scouts of America	63200.00
Challenged Child & Friends	53837.50
Mentor Me (formerly BBBS)	53000.00
Forsyth County CASA	52500.00
Forsyth County Board of Education-CR	50954.83
Jesse's House	48000.00
Children's Center for Hope & Healing	44212.50
American Red Cross.	38307.96
Girl Scouts of Greater Atlanta	37740.00
Child Advocacy Center	30750.00
St. Vincent DePaul - F.C.	28750.00
YMCA	27896.40
Bald Ridge Lodge	25000.00
No Longer Bound	24750.00
Fixing Up Forsyth/Focus on Forsyth	23907.00
Agewell Forsyth	20000.00
Forsyth Cty Public Schools-Special Ed	13727.12
NOA	12250.00
St. Vincent DePaul - Dawson County	12000.00
Forsyth County 4-H Council	11750.00
Other United Ways	11637.78
Forsyth County Drug Court/DUI Court	10621.09
Avita Community Partners	10571.04
Hope House	10200.00
Hall-Dawson CASA Program	9650.00
Dawson County Mentoring Program	9168.75
Lanier Technical College	7500.00
Dawson County Family Connection	7450.00
United Way 2-1-1 Program	7134.55
Girls on the Run Forsyth	6000.00
R.E.A.D.	5356.25
Forsyth County Juvenile Court	5000.00
Humane Society of Forsyth County	3328.00
Miscellaneous Program Initiatives	3233.88
U.W. Nonprofit Community Forums	2972.02
Rape Response, Inc.	2900.00
L.A.M.P.	2650.00
Camp Cool Kids	2500.00
Specific Assistance for Families	1636.30
Senior Expo	1536.86
Ferst Foundation	1416.85
Girl Scouts of Historic Georgia	1375.00
Dawson County 4-H Council	1200.00
Georgia Cancer Foundation	728.00
Forsyth County Domestic Violence Task Force	343.20
Cumming Civitan Club	261.58
American Heart Association	260.00
North American Mission Board Disaster Relief Fur	260.00
Foundation of Shallowford Falls, Inc.	200.00
Babies Can't Wait (DHR Health District 2)	180.00
USO Council of Georgia	102.00
Auditory Verbal Center	75.00
Hospice and Palliative Care of Forsyth County	50.00
Catholic Social Services of Augusta	40.00
Girl Scouts of Northeastern NY, Inc.	25.00
Whispering Hope	12.00

1184824.46

UNITED WAY OF FORSYTH COUNTY, INC. [210191]
Net Book Value - Depreciation

01/01/2010 - 12/31/2010
 Federal

System No.	Asset Balances				Reductions				Net Book Value		
	Beginning Balance	Additions	Deletions	Ending Balance	Beg. Accum. Depreciation/ (Sec. 179)	Current Depreciation	Sec. 179/ Bonus/ (Cur. Yr. Only)	Other Reductions		Deletion Reductions	Total Reductions
COMPUTERS & SOFTWARE											
Subtotal:	14,443.02	592.78	0.00	15,035.80	13,664.35	468.09	0.00	0.00	0.00	14,132.44	903.36
Less dispositions and exchanges:											
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Net for:	14,443.02	592.78	0.00	15,035.80	13,664.35	468.09	0.00	0.00	0.00	14,132.44	903.36
COMPUTERS & SOFTWARE											
FURNITURE & FIXTURES											
Subtotal:	14,732.57	7,691.93	0.00	22,424.50	12,275.51	1,899.18	0.00	0.00	0.00	14,174.69	8,249.81
Less dispositions and exchanges:											
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Net for:	14,732.57	7,691.93	0.00	22,424.50	12,275.51	1,899.18	0.00	0.00	0.00	14,174.69	8,249.81
FURNITURE & FIXTURES											
Subtotal:	29,175.59	8,284.71	0.00	37,460.30	25,939.86	2,367.27	0.00	0.00	0.00	28,307.13	9,153.17
Less dispositions and exchanges:											
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Grand Totals:	29,175.59	8,284.71	0.00	37,460.30	25,939.86	2,367.27	0.00	0.00	0.00	28,307.13	9,153.17

Sorted: General - category

01/01/2010 - 12/31/2010

Federal

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./Inv. %	Sec. 179/ Bonus/ (Cur. Yr. Only)	Salvage/ Basis Adj.	Beg. Accum. Depreciation/ (Sec. 179)	Current Depreciation	Total Depreciation/ (Sec. 179)
COMPUTERS & SOFTWARE												
3		TERRY'S COMPUTER	5/21/1998	M / HY	5.0000	2,031.00	100.0000	0.00	0.00	2,031.00	0.00	2,031.00
4		TOP GIVER SOFTWARE	3/9/1999	SL / N/A	3.0000	4,513.00	100.0000	0.00	0.00	4,513.00	0.00	4,513.00
5		PLEDGE SOFTWARE	11/20/2003	SL / N/A	3.0000	4,750.00	100.0000	0.00	0.00	4,750.00	0.00	4,750.00
7		DELL COMPUTER - DIMENSION E210-P4	1/29/2006	M / HY	5.0000	826.05	100.0000	0.00	0.00	683.31	95.16	778.47
8		Dell Computer - Dimension E520	1/12/2007	M / HY	5.0000	1,067.85	100.0000	0.00	0.00	760.31	123.02	883.33
11		Dell Computer - Dimension E521	7/3/2007	M / HY	5.0000	566.02	100.0000	0.00	0.00	403.01	65.20	468.21
12		DELL INSPIRON 1525 PENTIUM DUAL CORE LAPTOP	6/2/2008	M / HY	5.0000	689.10	100.0000	0.00	0.00	523.72	66.15	589.87
13		Dell Inspiron 580	6/5/2010	M / HY	5.0000	592.78	100.0000	0.00	0.00	0.00	118.56	118.56
Subtotal: COMPUTERS & SOFTWARE						15,035.80		0.00	0.00	13,664.35	468.09	14,132.44
Less dispositions and exchanges:						0.00		0.00	0.00	0.00	0.00	0.00
Net for: COMPUTERS & SOFTWARE						15,035.80		0.00	0.00	13,664.35	468.09	14,132.44
FURNITURE & FIXTURES												
BOARD ROOM/RECEPTION FURNITURE												
1		TRADE SHOW BOOTH	10/21/1999	M / MQ	7.0000	7,122.00	100.0000	0.00	0.00	7,122.00	0.00	7,122.00
2		Furniture & Fixtures	10/11/2000	M / MQ	7.0000	1,524.00	100.0000	0.00	0.00	1,524.00	0.00	1,524.00
6		U Desk-Right Pedestal Return Amber Cherry	6/15/2005	SL / N/A	7.0000	2,223.03	100.0000	0.00	0.00	1,455.57	317.58	1,773.15
9		Safe	1/30/2007	M / HY	7.0000	2,453.51	100.0000	0.00	0.00	1,380.55	306.56	1,687.11
10		Desks (3)	5/2/2007	M / HY	7.0000	1,410.03	100.0000	0.00	0.00	793.39	176.18	969.57
14		Table	6/5/2010	M / HY	7.0000	1,799.97	100.0000	0.00	0.00	0.00	257.14	257.14
15		Office Chairs (6)	6/5/2010	M / HY	7.0000	259.99	100.0000	0.00	0.00	0.00	37.14	37.14
16		Breakroom Chairs (6)	6/5/2010	M / HY	7.0000	659.94	100.0000	0.00	0.00	0.00	94.28	94.28
17		Filing Cabinets (5)	6/5/2010	M / HY	7.0000	559.92	100.0000	0.00	0.00	0.00	79.99	79.99
18		Bookcases (4)	6/5/2010	M / HY	7.0000	999.95	100.0000	0.00	0.00	0.00	142.85	142.85
19			6/5/2010	M / HY	7.0000	479.96	100.0000	0.00	0.00	0.00	68.57	68.57

UNITED WAY OF FORSYTH COUNTY, INC. [210191]
Depreciation Expense
 Federal

01/01/2010 - 12/31/2010

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./Inv. %	Sec. 179/ Bonus/(Cur. Yr. Only)	Salvage/ Basis Adj.	Beg. Accum. Depreciation/ (Sec. 179)	Current Depreciation	Total Depreciation/ (Sec. 179)
FURNITURE & FIXTURES												
Credenza (2)												
20			6/5/2010	M / HY	7.0000	2,932.20	100.0000	0.00	0.00	0.00	418.89	418.89
Subtotal: FURNITURE & FIXTURES												
						22,424.50		0.00	0.00	12,275.51	1,899.18	14,174.69
Less dispositions and exchanges:												
						0.00		0.00	0.00	0.00	0.00	0.00
Net for: FURNITURE & FIXTURES												
						22,424.50		0.00	0.00	12,275.51	1,899.18	14,174.69
Subtotal:												
						37,460.30		0.00	0.00	25,939.86	2,367.27	28,307.13
Less dispositions and exchanges:												
						0.00		0.00	0.00	0.00	0.00	0.00
Grand Totals:												
						37,460.30		0.00	0.00	25,939.86	2,367.27	28,307.13

United Way of Forsyth County 2010 – The Year in Review

Seeking solutions to human problems. Assessing the needs of our community. Expanding the services provided by health and human service programs in Forsyth and Dawson Counties. Promoting preventative activities. Developing as fully as possible the financial resources needed to meet the needs of the community in a consolidated and efficient manner. In short, the mission of United Way of Forsyth County is to improve lives in Forsyth and Dawson Counties by mobilizing the caring power and spirit of our citizens. Here at United Way, we believe that the building blocks for a good life begin with a quality education that will provide enough income to support families and individuals through retirement and good health. This American dream is slowly slipping away from many hard working people today. United Way of Forsyth County provides funding for programs that achieve the best results in helping people in the areas of Education, Income, Health and Basic Needs.

Organizational Highlights

Financially, UWFC finished out the year with a 13.3% increase in campaign income over the previous year. The combined deficit in collections in the previous 2 years was -12.5%. The Board of Directors and Staff continue to be guarded with spending like most United Way's across the nation. Our communities are suffering from a rise in human service needs and diminishing donations. Our conservative spending over the years and building of reserves will support our United Way programs through this tough time.

Community Investment and Community Impact Highlights

Our United Way held 2 three-session nonprofit seminars this year. The training was specific to officers of nonprofit boards; Chairperson, Secretary and Treasurer. Our goal is to build the capacity of nonprofits in the community and encourage their success.

In 2010, United Way of Forsyth County invested \$1,210,858 in almost 50 health and human service agencies and programs. The dollars given reach all areas of our community. From the young to the old, the sick to the healthy, the employed to the unemployed, those with homes to those without, United Way dollars are making dreams come true. With the help of partners in the community, the organization is working hard to make a difference each day in our community! Our vision is to be a community where all people have the opportunity to engage, thrive and achieve a better quality of life.

Areas of focus are:

- Substance Abuse/Mental Health/Domestic Violence Services (11%)
- Promoting Self-Sufficiency/Strengthening Families and Seniors (26%)
- Therapeutic Services for At-Risk Children & Youth (17%)
- Promoting Community Health, Safety, Leadership, Information & Referral
Nonprofit Education (18%)
- Services for Citizens with Special Needs (6%)
- Strength-Based Support Services for Children & Youth (20%)

In addition to this funding, the Fresh Start Program provided an additional \$159,000 for housing (79%) and utilities (21%). This program was a partnership between DHS & UWMA for the purpose of helping people who had recently lost jobs.

We instituted a few changes to our Community Investment Committee structure. This committee is tasked with the responsibility for ensuring our donors contributions are going to the most needed areas in the county. We expanded the committee from 5 to 7 members per panel for a total of 28

members. Panel member participation requirements were expanded to make sure all members were making decisions based on the highest level of knowledge and experience available.

We collaborated with the Forsyth County School nurses and the volunteer efforts of local dentists to provide over 100 students with free dental services.

The FamilyWize prescription cards were introduced into both Forsyth and Dawson Counties with great success in 2008. In 2010, Forsyth County had 8,439 claims with a savings of \$119,855.14 and 14,084 claims were processed in Dawson County for a savings of \$152,157.53, the highest usage in any county in the state.

Referrals to 2-1-1 totaled 1,514 which was 180 calls less than 2009. Utility assistance accounted for 23.3% of the calls, mortgage/rent payment assistance accounted for 18.1% and 11.6% of the calls were for food. The Community Helplist distribution increased dramatically with over 5,000 English Helplists distributed and 1,000 Spanish Helplists distributed. United Way and the Cumming Post Office teamed up for the Letter Carriers Food Drive in May. The Place, Cumming FUMC and Unseen Ministries receive approximately 26,000 cans/boxes of food...a good second year effort. United Way facilitated a collection of school supplies for distribution from The Place, Family Haven and Forsyth County Schools through businesses and Saturday collection sites. Over 7,000 items were collected and approximately 700 children and youth benefited from the effort.

Resource Development/Image Committee Highlights

2010 Campaign results (raised in Fall of 2009 and distributed in 2010) - \$1,621,516 pledged on a goal of \$1,350,000 for Forsyth County. 120.1% over goal. The Dawson County campaign raised \$86,970.46 on a goal of \$100,000. UPS continues to be the largest campaign, followed by Publix SuperMarkets, PCL Construction and then Forsyth County Public Schools. It is estimated that United Way of Forsyth County has 5,677 donors.

The 9th Annual Day of Caring event was held in conjunction with the campaign kick-off. Over 500 volunteers participated at 37 different locations throughout the county.

On-line pledging capabilities were opened to all Forsyth County School employees, Control Southern, Solvay, Citizens Bank & PolyVision employees.

Internal Operations Highlights

In April, the board began to revisit the Strategic Plan. A review committee focused on 5 focus Areas; Board Management, Community Investment, Operations, Publicity & Awareness & Public Awareness (Strategic Partnerships)

An Ad-Hoc committee was developed to review current policy and organizing documents, investment strategies, code of ethics, employee policy manual, etc.

We received a very large donation of almost new furniture to replace most of our office furniture.

As a result of focused discussions in previous years on how to reach the residential community through events, United Way held the first Flavors of Forsyth event. 29 restaurants and approximately 10,000 people attended the event at The Avenue. United Way also held the 2nd Run United 5K Race with approximately 500 runners in attendance, down slightly from 2009.

Our community received national recognition as one of the "100 Best Communities for Young People" from America's Promise Alliance. This was a collaborative effort with Forsyth County Schools.

We are proud to serve and work for this great community

TO ACCOMPLISH OUR MISSION, OUR OVERALL STRATEGIC OBJECTIVE FOR THE
NEXT FIVE YEARS WILL BE TO:

CONTINUE TO FULFILL OUR FIDUCIARY RESPONSIBILITIES WHILE
TRANSITIONING FROM A FUNDRAISING ORGANIZATION WHICH SUPPORTS
SPECIFIC AGENCIES TO A COMMUNITY-FOCUSED ORGANIZATION WHICH BRINGS
PEOPLE, BUSINESSES, AND ORGANIZATIONS TOGETHER TO EMBRACE A
SHARED COMMUNITY VISION.

